

County: Sauk

Facility ID: 3900

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GREENWAY MANOR

501 SOUTH WINSTED, P.O. BOX 759

SPRING GREEN 53588 Phone: (608) 588-2586

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 60

Total Licensed Bed Capacity (12/31/03): 60

Number of Residents on 12/31/03: 56

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 53

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.5
Supp. Home Care-Personal Care	No					1 - 4 Years		28.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.9	More Than 4 Years		17.9
Day Services	No	Mental Illness (Org./Psy)	28.6	65 - 74	7.1			----
Respite Care	No	Mental Illness (Other)	7.1	75 - 84	28.6			83.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	5.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.8		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.6		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	10.7	65 & Over	91.1	-----		
Transportation	No	Cerebrovascular	19.6	-----	----	RNs		9.1
Referral Service	Yes	Diabetes	1.8	Gender	%	LPNs		6.8
Other Services	No	Respiratory	5.4	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.6	Male	30.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	69.6			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	7	100.0	307	34	100.0	117	0	0.0	0	15	100.0	147	0	0.0	0	0	0.0	56	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	7	100.0		34	100.0		0	0.0		15	100.0		0	0.0		0	0.0	56	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	8.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	64.3	35.7	56
Other Nursing Homes	1.0	Dressing	14.3	48.2	37.5	56
Acute Care Hospitals	81.4	Transferring	32.1	37.5	30.4	56
Psych. Hosp.-MR/DD Facilities	1.0	Toilet Use	26.8	37.5	35.7	56
Rehabilitation Hospitals	0.0	Eating	73.2	16.1	10.7	56
Other Locations	7.8	*****				
Total Number of Admissions	102	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.7	Receiving Respiratory Care		17.9
Private Home/No Home Health	12.8	Occ/Freq. Incontinent of Bladder	32.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	37.2	Occ/Freq. Incontinent of Bowel	16.1	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		3.6
Acute Care Hospitals	12.8	Mobility		Receiving Tube Feeding		1.8
Psych. Hosp.-MR/DD Facilities	2.1	Physically Restrained	3.6	Receiving Mechanically Altered Diets		28.6
Rehabilitation Hospitals	0.0					
Other Locations	8.5	Skin Care		Other Resident Characteristics		
Deaths	26.6	With Pressure Sores	5.4	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	1.8	Medications		
(Including Deaths)	94			Receiving Psychoactive Drugs		69.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.3	84.6	1.04	88.0	1.00	88.1	1.00	87.4	1.01
Current Residents from In-County	73.2	75.5	0.97	72.9	1.00	69.7	1.05	76.7	0.95
Admissions from In-County, Still Residing	25.5	18.9	1.35	20.1	1.27	21.4	1.19	19.6	1.30
Admissions/Average Daily Census	192.5	152.9	1.26	129.5	1.49	109.6	1.76	141.3	1.36
Discharges/Average Daily Census	177.4	154.8	1.15	130.3	1.36	111.3	1.59	142.5	1.25
Discharges To Private Residence/Average Daily Census	88.7	63.8	1.39	52.2	1.70	42.9	2.07	61.6	1.44
Residents Receiving Skilled Care	100	94.6	1.06	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	91.1	93.7	0.97	94.2	0.97	93.1	0.98	87.8	1.04
Title 19 (Medicaid) Funded Residents	60.7	66.0	0.92	66.3	0.92	68.8	0.88	65.9	0.92
Private Pay Funded Residents	26.8	19.0	1.41	21.6	1.24	20.5	1.30	21.0	1.28
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	35.7	31.3	1.14	36.2	0.99	38.2	0.94	33.6	1.06
General Medical Service Residents	19.6	23.7	0.83	21.5	0.91	21.9	0.90	20.6	0.96
Impaired ADL (Mean)	51.1	48.4	1.05	48.4	1.05	48.0	1.06	49.4	1.03
Psychological Problems	69.6	50.1	1.39	53.4	1.31	54.9	1.27	57.4	1.21
Nursing Care Required (Mean)	7.4	6.6	1.12	6.9	1.07	7.3	1.01	7.3	1.01